

Maura J. Rossman, M.D., Health Officer

FARMER'S MARKET FOOD SERVICE FACILITY LICENSE APPLICATION

Please check applicable Farmer's Market Vendor License category below.

- ☐ On-Farm 30-Days Temporary License-\$33.00 (two renewals per year, farmers only).
- ☐ Farmer's Market Producer Sampling License-\$99.00 (farmers only).
- ☐ Non-Farm Vendor Farmer's Market License-\$138.00 (non-farm vendor at a single farmer's market location). A HACCP Plan (hazard analysis critical control point plan) is required for exposed potentially hazardous food products held or cooked on site. A licensed base of operation is required. Duration of license is April 1st-Nov. 30th.

Applicant Information: Must be received at least two weeks prior to event, fees are non-refundable.

Trading Name of Applicant Business/Farm:	Business Phone #:
Applicants Name:	Phone #:
E-mail:	Business Website:
Applicant Mailing Address:	City, State, Zip Code:
Participating Farmers Market Location(s)	
Farmers Market Start Date: End Date:	Days of Operation:
Booth Start Date: End Date:	Days of Operation:
On Farm Operation:	Days of Operation:
Start Date: End Date:	

Water Supply: ☐ Public ☐ Private **Sewage Disposal:** ☐ Public ☐ Septic System

Do you have an Out of State Food License or State Food License (retail license, processing license)?

☐ No ☐ Yes

If you selected "Yes", **please attach a copy of the license and complete the following:**

Name of Agency that issued the license:
Agency Address: Agency Phone Number:

(Authorized signature)	(Title)	(Date)
Make Check / Money Order payable to: DIRECTOR OF FINANCE Mail completed application with fee (do not mail cash) to: HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH – FOOD PROGRAM 8930 Stanford Blvd., Columbia, MD 21045 (410) 313-1772		FOR OFFICE USE ONLY FEE DUE: DATE DUE: RECEIPT NO:

Please read carefully before completing this application.

- Only vendors who have been invited by the coordinator to participate in the Farmer's Market may apply for a permit.
- An incomplete application or application without payment will not be processed and will be returned to the vendor.
- In person payment is accepted via cash, business check, money order, credit or debit card (Visa, Master Card and Discover). Credit card payments are not accepted by telephone. Please do not mail cash.
- Application fee is non-refundable.
- Permit must be issued and posted prior to preparation or sale of food.
- Non-Profit Organization? [☐] No [☐] Yes (Verification of Non-Profit Organization status is required).
Tax Exempt Number: _____

Name, location, and date of your other farmer's market operation(s) in Howard County.

1. _____
2. _____
3. _____
4. _____

1. Food Source: No storage or food preparation is permitted from a home or an unlicensed facility except for applicable food products. Licensed processor must provide a copy of their processing license. All Non-Farm Vendors must include proof of base of operation license and a copy of the most recent inspection report by licensing agency.

Name and Location of Food Supplier: _____

Identify the source (s) for each meat, poultry, seafood, and shellfish item. Include the source of the ice.

2. Hand Washing: Describe the hand wash station in your booth. Bathroom sinks as a sole means of hand washing is not acceptable. A temporary hand wash station must be provided at each booth. All stations must be stocked with soap, paper towels, trash receptacle, and a catch container to collect waste water from a container filled with temperate water.

3. Ware Washing: If one of your cooking utensils falls in the ground, how will you wash, rinse and sanitize it? Describe wash, rinse and sanitize set-up. **An appropriate sanitizer test kit is required.**

4. Water: Identify the source of the potable water supply and describe how the water will be stored and distributed at the farmer's market food service facility. If a non-public water supply is to be used, provide the results of the most recent water tests.

5. Attach a sketch of your booth (show equipment, hand-washing and utensil washing area). Include the method of compliance with enclosed screening requirements.

MENU PAGE

6. Please list all **potentially hazardous food** items that you are planning to serve. You **MUST** notify the Howard County Health Department of any menu changes at least five days prior to the event. **Potentially hazardous** food items not listed may result in a delay of permit issuance or in the denial of the permit. Indicate N/A if listed food process does not apply.

Potentially Hazardous Menu Item	Thawing How? Where?	Wash & Cut How? Where?	Assemble How? Where?	Cold Holding How? Where?	Hot Holding How? Where?	Cooking How? Where? To What Temp?	Reheating How? Where?

List or provide a menu of all other food and beverage items that will be served.

I have read and understand the “Standards for the Dispensing of Food from Temporary Facilities” packet, and I agree to comply with all of the requirements.

Signature: _____ **Date:** _____

(Revised 10/26/2018 MJD)